

Case Number:	CM13-0062764		
Date Assigned:	12/30/2013	Date of Injury:	06/21/2012
Decision Date:	04/11/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 41-year-old female who reported an injury on 06/21/2012. According to the documentation, the patient has been seen several times in Urgent Care for chronic neck pain that has caused migraine flare-ups. The patient reportedly had been injured when she slipped and fell on a hard floor inside an office. The patient suffered injuries to her head, neck, and upper back. Afterwards, she began experiencing migraines and left hand numbness since the fall. The patient had been diagnosed with fibromyalgia after sustaining a whiplash injury at work, and [REDACTED] initially put her on a trial of anti-inflammatories. The patient sustained a secondary injury when she was rear-ended in a motor vehicle accident on 07/06/2012. The patient had tried taking anti-inflammatories but was unable to continue taking them due to stomach pains. She also tried acupuncture but felt that her symptoms were worse, whereupon the patient also tried cupping and Chinese herbs with a [REDACTED], as well as prolotherapy with [REDACTED]. The patient was recommended to undergo Botox injections to relax the muscles in her neck and relieve chronic neck pain by a [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

BOTOX INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox®; Myobloc®) Page(s): 25-26.

Decision rationale: Regarding the request for Botox injections, according to California MTUS Guidelines, botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. In the case, the patient had been recommended for the use of Botox injections to help decrease neck pain and reduce the muscle spasms. However, the California MTUS Guidelines further state that Botox injections are not recommended for the following: tension-type headaches; migraine headaches; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections. Therefore, without having support from the California MTUS Guidelines, the requested service cannot be validated. The request for Botox injections are not medically necessary and appropriate.